

\_\_\_\_\_ **Check here if renewal**

**An initial Class D permit is valid for the 5 year period specified on the permit.**

**Upon renewal, A Class D permit is valid for the 10 year period specified on the permit.**

Notice: Use of this form is required by the DNR for any application filed pursuant to s.29.193, Wis. Stats. The DNR will not consider your application unless you complete and submit this form. Personally identifiable information provided may be used to determine identity of the applicant, participation in natural resources surveys, eligibility for approvals and other enforcement purposes. The department may provide this information to requesters as required by Wisconsin's Open Records law (ss.19.31-19.39, Wis. Stats.).

**LEAVE BLANK- DNR USE ONLY**

Issued By \_\_\_\_\_ Date Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

Customer ID Number Verified \_\_\_\_\_

**Application must be filled out completely**

**SECTION 1- TO BE COMPLETED BY APPLICANT** (Please type or print legibly)

Applicant's Name		DNR Customer ID Number		Driver's License Number	
Street or Route				Home/Primary Phone Number (incl. area code)	
City, State, ZIP Code				County of Residence	
Date of Birth (Mo.-Day-Year)	Color Eyes	Color Hair	Weight	Height	Sex ___ Male ___ Female

I hereby certify that the above information is true and correct and I hereby authorize the Department of Natural Resources to examine all medical records regarding my physical disability.

Applicant's Signature	Date Signed
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**SECTION 2- TO BE COMPLETED BY LICENSED PHYSICIAN OR CHIROPRACTOR**

Note: Applicant must be disabled to the extent identified in this section and further described on page 2 of this form to be eligible for this permit and the privileges it allows. This report must be prepared no more than 6 months preceding the application and verifying that the applicant is physically disabled. Please check each box indicating the physical disability that the applicant qualifies for.

A person is eligible for a Class D permit if he or she meets both section 1 AND 2 qualifications

**Section 1:** A person meets the requirements of this section if any of the following applies: \_\_\_ Yes \_\_\_ No

1. The applicant has an amputation or other loss of one or more arms at or above the elbow.
2. The applicant has a permanent substantial loss of function or range of motion in one or both arms, or one or both hands, or one or both shoulders, and fails to meet the minimum standards of any one of the standard tests. Applications qualifying under this subsection need to provide additional documentation including test results as specified on page 2 of this application.

**Section 2:** A person meets the requirements of this section if any of the following applies: \_\_\_ Yes \_\_\_ No

1. The applicant is unable to place his or her nondominant hand or prosthesis in a position that is level with his or her shoulders and at a minimum distance of 27 inches from his or her body or is unable to hold a 5-pound weight for 10 seconds when that person's nondominant hand or prosthesis is in that position.
2. The person is unable to place his or her dominant hand or prosthesis in a position that is level with his or her shoulders at a minimum distance of 11 inches from his or her body.

Name of Physician or Chiropractor (Please Print Legibly)	Medical License Number	Date Signed
Signature of Physician or Chiropractor	Phone Number (incl area code)	Fax Number (incl. area code)
Office Address	City, State, ZIP	

Mail Application To: Department of Natural Resources;  
Disabled Permit Applications- CS 1  
PO Box 7924  
Madison, WI 53707  
(Please allow 6 weeks for review and processing)

**Note to Applicant:** This page is only required if you are applying for a permit due to a disability associated with muscle weakness or limited range of motion as identified in Section 1 of this application.

- If the extent of your disability has never been measured or tested, your physician will need to direct the administration of the testing procedures indicated below. The results will need to be attached to this application.
- Previous test results may be used for documentation if your physician or chiropractor is willing to attach those results to this application along with a statement that the attached test results are indicative of your present condition.
- Registered Occupational and Physical Therapists are licensed to conduct exams for muscle and range of motion disabilities. The therapist, ON ORDERS from a licensed physician or licensed chiropractor, will conduct a test of the area of the body that you feel a disability due to muscle weakness or limited range of motion.
  - Note to Examiner: You may use any medically accepted standard testing procedures to examine for muscle weakness or range of motion limitations of the shoulder. You should ascertain from the applicant or physician which muscle group is the source of the disability. Pain or lack of endurance alone cannot be used as grounds for granting a Class D Permit. Loss of function of the arm or hand must be substantiated through use of the standard upper extremity pinch, grip and 9-hole peg test. A score below the 10<sup>th</sup> percentile in any ONE test is sufficient proof to grant the permit.
- If muscle strength tests are scored using the scoring grades "normal" through "zero", scores at "fair" or below are sufficient proof to grant the permit. If tests are scored using the "5" through "0" scoring grades, a score of 3 or less is sufficient proof to grant the permit. If tests are used using "functional" scoring grades, scores of "nonfunctional" or less is sufficient proof to grant the permit. If the range of motion disability is less than 50% of full range, the permit can be granted.
- If the applicant is being tested for a "coordinative" disability and is given the "nine (9) hole peg test" and the score falls below the age-sex adjusted 10th percentile, the permit can be granted. If the "Mathiowetz" scoring tables are used, age and sex adjusted scores higher than 1.4 times the mean are sufficient for granting the permit.
- If age and sex adjusted percentile scoring tables are used (such as the grip or pinch tests), scores falling under the 10th percentile are sufficient proof to grant the crossbow hunting permit. If the "Mathiowetz" scoring tables are used, scores falling below 55% of the age and sex adjusted mean scores are sufficient proof to grant the permit.
- **Attach a copy of your testing protocol and results; permit cannot be approved without results attached to this application.**

#### Occupational or Physical Therapist Certification

##### Based on the examination conducted, the Applicant qualifies for Section 1 of the Class D Permit Application

Occupational or physical therapist use this space to explain disability in laymen terms. Use additional sheets if necessary.

Test used \_\_\_\_\_ Score of \_\_\_\_\_ out of \_\_\_\_\_ ☐Failed ☐Passed

Examiner Signature	Print Name	Examiner Title
Examiner Phone Number (include area code)	Examiner's License Number	Date Signed

#### 29.193(2)(b) Issuance of permit.

1. The department shall, after investigation and without charging a fee, except for the costs of review in par. (c) 3. or (e), issue a Class A, Class B, Class C, or Class D permit to any person, as provided in this subsection.
2. An applicant shall submit an application on a form prepared and furnished by the department, which shall include a written statement or report prepared and signed by a licensed physician, a licensed chiropractor, or a licensed podiatrist prepared no more than 6 months preceding the application and verifying that the applicant is physically disabled.
3. As part of the application for a Class A, Class B, or Class D permit under this subsection, the applicant shall authorize the department by written release to examine all medical records regarding the applicant's physical disability.

#### (cd) Class D permit requirements.

1. A person is eligible for a Class D permit if he or she meets the requirements specified in subds. 2. and 3.
2. A person meets the requirements of this subdivision if any of the following applies:
  - a. The person has an amputation or other loss of one or more arms at or above the elbow.
  - b. The person has a permanent substantial loss of function in one or both arms and fails to meet the minimum standards of the standard upper extremity pinch test, the standard grip test, or the standard nine-hole peg test, administered under the direction of a licensed physician or a licensed chiropractor.
  - c. The person has a permanent substantial loss of function in one or both shoulders and fails to meet the minimum standards of the standard shoulder strength test, administered under the direction of a licensed physician or a licensed chiropractor.
3. A person meets the requirements of this subdivision if any of the following applies:
  - a. The person is unable to place his or her nondominant hand or prosthesis in a position that is level with his or her shoulders and at a minimum distance of 27 inches from his or her body or is unable to hold a 5-pound weight for 10 seconds when that person's nondominant hand or prosthesis is in that position.
  - b. The person is unable to place his or her dominant hand or prosthesis in a position that is level with his or her shoulders at a minimum distance of 11 inches from his or her body.